APR 2 5 2006

Atty Docket No. 011674-001400US

PTO FAX NO.: 1-571-273-8300

ATTENTION:

Examiner Thomas A. Beach

Group Art Unit 3671

OFFICIAL COMMUNICATION

FOR THE PERSONAL ATTENTION OF

EXAMINER Thomas A. Beach

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Robert Bierwith, Application No. 10/815,471, filed March 31, 2004 for CAM ACTION LOCKING ASSEMBLY

☐ are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

- 1. Transmittal-1 Page
- 2. Fee Transmittal-In Duplicate
- 3. Petition for Extension of Time-In Duplicate
- 4. Amendment-13 Pages
- 5. Replacement Drawing-1 Sheet
- 6. Annotated Drawing-1 Sheet

Number of pages being transmitted, including this page: 21

Dated: April 25, 2006

Andrea S. Beck

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Fax: 415-576-0300 0401 60757291 v1

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		PTO/SB/21 (09-04)
	Application Number	10/815,471
TRANSMITTAL	Filing Date	March 31, 2004
FORM	First Named-Inventor	Bierwith, Robert
	Art Unit	3671
(to be used for all correspondence after initial filing)	Examiner Name	Thomas A. Beach
Total Number of Pages in This Submission	Attomey Docket Number	011674-001400US
ENCLOSURES (Check all that apply) After Allowance Communication to TC		
Fee Transmittal Form	Drawing(s)	Appeal Communication to Board
Fee Attached	Licensing-related Papers	of Appeals and Interferences Appeal Communication to TC
Amendment/Reply	Petition Petition to Convert to a	(Appeal Notice, Brief, Reply Brief)
After Final	Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Addi	ress Status Letter
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	
Information Disclosure Statement	CD, Number of CD(s)	
	Landscape Table on CD	
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	emarks The Commissioner is a Account 20-1430.	authorized to charge any additional fees to Deposit
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name Townsend and Townsend and Crew LLP		
Signature		
Printed name		
Patrick R. Jewik		
Date April 25, 2006	Reg. N	o. 40,456
CERTIFICATE OF TRANSMISSION/MAILING		
1-571-273-8300 on April 25, 2006.	is being facsimile transmitted	to the Patent and Trademark Office, Fax No.
Signature		
Typed or printed name Andrea S. Beck Date 435 AL		

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PTO/SB/17 (01-06) Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/815,471 Application Number FEE TRANSMITTAL March 31, 2004 Filing Date Bierwith, Robert First Named Inventor For FY 2006 Beach, Thomas A. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3671 TOTAL AMOUNT OF PAYMENT 011674-001400US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Townsend and Townsend and Crew LLP Deposit Account Deposit Account Number: 20-1430 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES SEARCH FEES FILING FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) 200 100 250 500 300 150 Utility 100 50 130 65 200 100 Design 160 80 300 150 100 200 Plant 600 300 500 250 300 150 Reissue 0 200 100 0 0 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) \$25 -20 or HP = 0 20 HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims \$100 \$400 4 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

- function thornas Can 25 11 C.C. Allow IVG) and 37 CFR 1 16(s)